

Invoice Date

ASSESSMENT FOR QUARTER ENDING

Invoice #

A FINE OF 5% WILL BE ASSESSED ON BALANCES NOT RECEIVED WITHIN 30 DAYS

	<u>PUBLIC EMPLOYERS</u> (0.354 of Premiums)	<u>PRIVATE EMPLOYERS</u> (0.049 of Premiums)
Assessment Collected (Amount Due)	\$ _____ (A)	\$ _____ (B)
# Employers Assessed*	\$ _____	\$ _____
Total Standard Premiums for Assessed Insured	\$ _____	\$ _____

Please remit the quarterly assessment payment as follows:

1. MASS. Industrial Accident Public Trust Fund	\$ _____ (A)
2. MASS Industrial Accident Private Trust Fund (B) \$ _____ X 0.761=	\$ _____
3. MASS. Industrial Accident Special Fund (B) \$ _____ X 0.239=	\$ _____

I hereby certify under penalties of perjury that all laws of the Commonwealth governing assessments and regulations thereof have been complied with and observed, and that all information is, to the best of my knowledge, correct.

Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

If this report is for a group of companies, please list the names of the individual companies which are included.

\*If not readily available, please forward, under separate cover, as soon as possible

THE COMMONWEALTH OF MASS/DIA'S TAX ID IS 046002284